

To be effective, implementation of recognition and response systems requires leadership and coordination. Committed and meaningful executive sponsorship is required to ensure that authoritative decisions can be made when difficult issues are encountered or resource allocation is required. Medical and nursing leadership is required. Clinical champions must have the respect of their clinical colleagues, be committed to the successful implementation of the project, have allocated non-clinical time to undertake the necessary work, and the courage and social skills to effectively 'sell' the project to colleagues who may objecting.¹

The project coordinator plays a crucial role in successfully implementing a system for recognising and responding to clinical deterioration and needs to have dedicated time to commit to the project. In addition to having skills in project and change management, they must have clinical credibility and communication skills that allow them to gain the engagement of frontline staff in a range of clinical areas. An understanding of how to collect and use evaluation data is also beneficial.

“Several areas of a facility’s clinical governance framework will provide information on the operational performance of recognition and response systems.”



The following checklist has been produced using resources developed by the Australian National Audit Office and the Australian Public Service Commission to support the governance and implementation of program and policy initiatives.²⁻³ Health service executives and owners may like to use this checklist when developing governance frameworks and implementation plans for recognition and response systems.

Project coordination and leadership

- ✓ Is there an executive sponsor who has the appropriate authority, skills and resources to deliver the project?
- ✓ Is there an effective senior medical champion for the project?
- ✓ Is there an effective senior nursing champion for the project?
- ✓ Has a project coordinator been appointed who has the right skills to be working on the project (for example, clinical credibility, communication, and leadership skills)? If not, has the use of a mentor or specialist expert been considered?
- ✓ Does the project coordinator have the appropriate skills to implement the initiative (for example, change management and project management skills)? If not, has the use of a mentor or specialist expert been considered?
- ✓ Has the project coordinator been released from other duties to participate in the project?
- ✓ Has appropriate administrative support been provided to the project coordinator?
- ✓ Have any necessary delegations of authority been provided to the project coordinator?
- ✓ Is there clarity of purpose, powers and relationships between all those involved in the implementation of the project?

Governance arrangements

- ✓ Has sufficient consideration been given to the adequacy of governance arrangements in planning for implementation?
- ✓ Has a governance committee been identified and its role formally articulated and documented?
- ✓ Do arrangements reflect strong executive-level support? Do people in the organisation know that 'this matters'?
- ✓ Has a robust communication plan been developed that engages clinical and nonclinical health professionals at every level of the organisation?
- ✓ Do the governance arrangements provide for adequate reporting and review mechanisms, including escalation of significant issues and 'bad news'?

Effectiveness of arrangements for monitoring and review

- ✓ Are accountability arrangements clearly articulated and documented?
- ✓ Are there clearly defined criteria for reporting the status of implementation and for the escalation of risks and issues to the level required?
- ✓ Are the governance arrangements robust enough to ensure that 'bad news' is not filtered out of reports to the executive?
- ✓ Will risks/issues be resolved openly and promptly?
- ✓ Are evaluation measures for the project agreed, formally articulated, and documented?
- ✓ Have processes been considered for including identified risks and issues on the organisation's risk register?

Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

www.safetyandquality.gov.au

Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001
Telephone: (02) 91263600
Email: mail@safetyandquality.gov.au

references

1. Reinertsen J, Gosfield A, Rupp W, Whittington J. Engaging Physicians in A Shared Quality Agenda. *IHI Innovation Series white paper*. Cambridge, Massachusetts. Institute for Healthcare Improvement, 2007.
2. Australian National Audit Office. Making implementation matter. *Better Practice Guide: Implementation of Programme and Policy Initiatives*. Canberra. ANAO, 2006.
3. Australian Public Service Commission. Building Better Governance. Canberra. APSC, 2007.